

# APSTARC

Adult Protective Services Technical Assistance Resource Center

enhancing  
effectiveness of  
**APS** programs

## Equity and Cultural Humility in APS: Beginning the Conversation Around Staff and Client Experiences

May 5, 2022

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# Disclaimer

The National Adult Maltreatment Reporting System (NAMRS) and the Adult Protective Services Technical Assistance Resource Center (APS TARC) are a project of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.

# About the APS TARC

The mission of the APS TARC is to enhance the effectiveness of state APS programs by:

- Supporting federal, state, and local partners' use of data and analytics,
- Applying research and evaluation to practice, and
- Encouraging the use of innovative practices and strategies.

# Peer to Peer Calls

Have you ever wished that you could tap into the expertise of other APS workers, supervisors or state administrators who are struggling with the same issues and concerns that you deal with daily? The APS TARC provides Peer to Peer calls for workers, supervisors and managers/state administrators.

- **Workers' Call:** The 2nd Wednesday of each month
- **Supervisors' Call:** The 3rd Wednesday of each month
- **Administrators'/Managers' Call:** The 4th Wednesday of each month

Register via the link sent out at the end of each month by the APS TARC or email us in order to receive the registration link!

# Housekeeping

- Handouts/Slides are available for download in the "Handouts" section of your webinar control panel. You may download them at any time.
- Please use your computer speakers to access audio for this webinar. Please make sure the speaker volume is adjusted to your desired volume.
- If you experience audio problems due to internet connection speeds or hardware issues, we recommend exiting the webinar and re-entering.

# Housekeeping

- You may ask questions of our presenter at any time by typing them in the "Questions" box. We will relay as many as we can to the speaker when we pause for questions.
- This webinar is being recorded and all registrants will receive an email when the recording is made available on the APS TARC website.
- All attendees will receive an automatically generated email approximately 24 hours after the webinar ends with a link to a certificate of attendance.

# Quick Attendee Poll

Which of the following do you identify the most with?

- Adult Protective Services Professional
- Other Social Services Professional
- Medical Professional
- Legal Professional
- Other

# Our Speakers



## **Takai Forde, LMSW**

LEAP Social Work Supervisor,  
JASA/Legal Services for the Elderly in Queens, NY (L.E.A.P.)



## **Adreana Tartt, MA, LSW, LICDC-CS**

Special Populations Program Coordinator  
Ohio Mental Health and Addiction Services (OhioMHAS)



## **Sahar Takshi, JD**

Staff Attorney  
Justice in Aging



# Poll Questions

1. How many of you feel supported by your organization and their ability to provide you what you need to perform your role?
2. When you look at your organization's structure, leadership, departments, do you feel represented (race/gender/ethnicity/etc)?

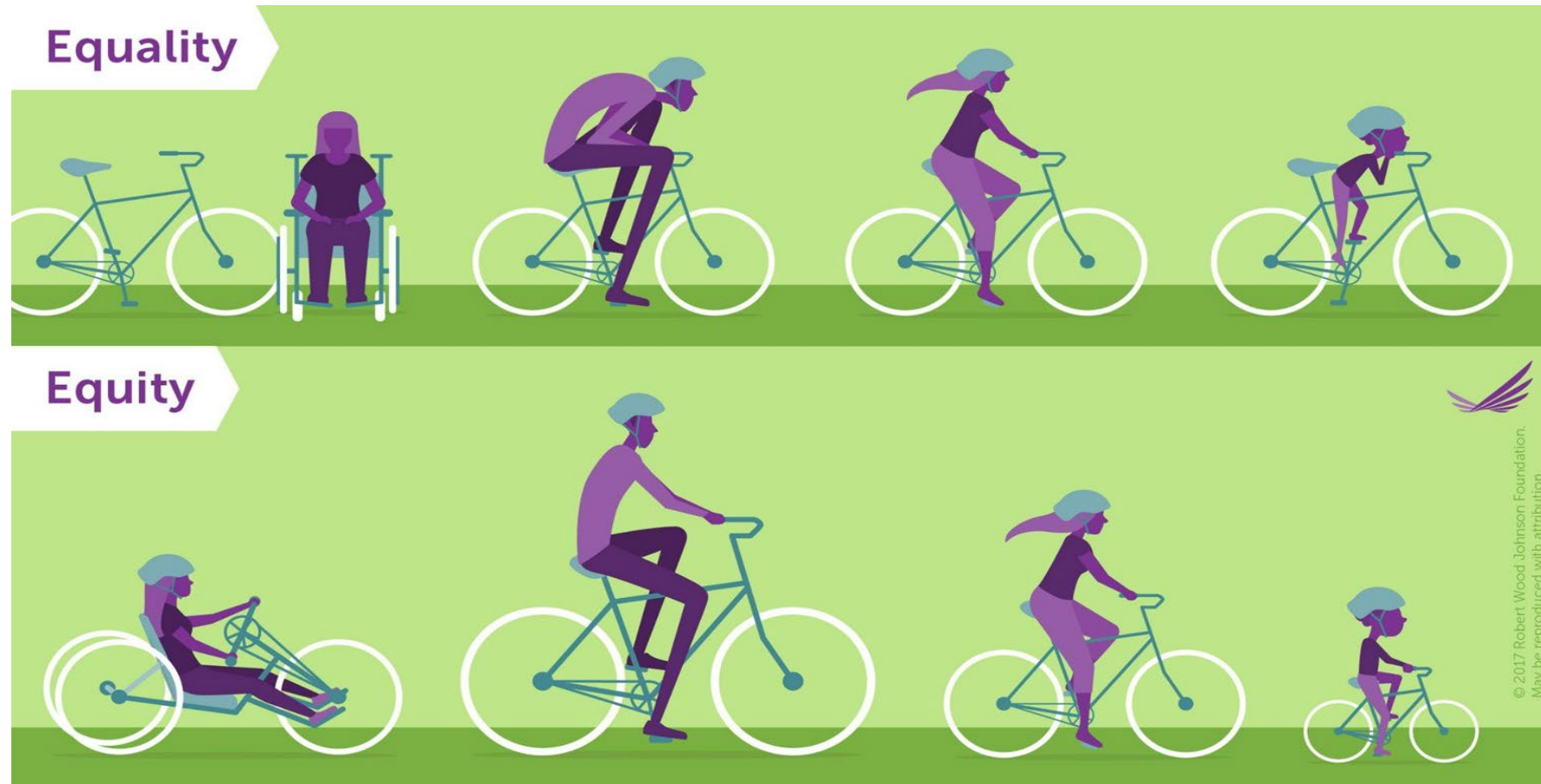
# Vignette - The Referral

*APS receives an anonymous referral regarding a tall black male appearing to be in his late 60's or early 70's that has been seen walking the neighborhood and going into other residents' backyards. He is described as being aggressive when spoken to, having significant body odor, and stumbling when he walks, as if he was intoxicated.*

*It's reported, he always returns to the same house but no one seems to come in or out except for him on a consistent basis. The outside area of the home appears dirty, the grass hasn't been cut, and the mailbox is overfull with mail. There is no information about services or support.*

**You are assigned this case. What are your first thoughts of approach?**

# Equality vs. Equity



<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

# Health Equity & Health Disparity

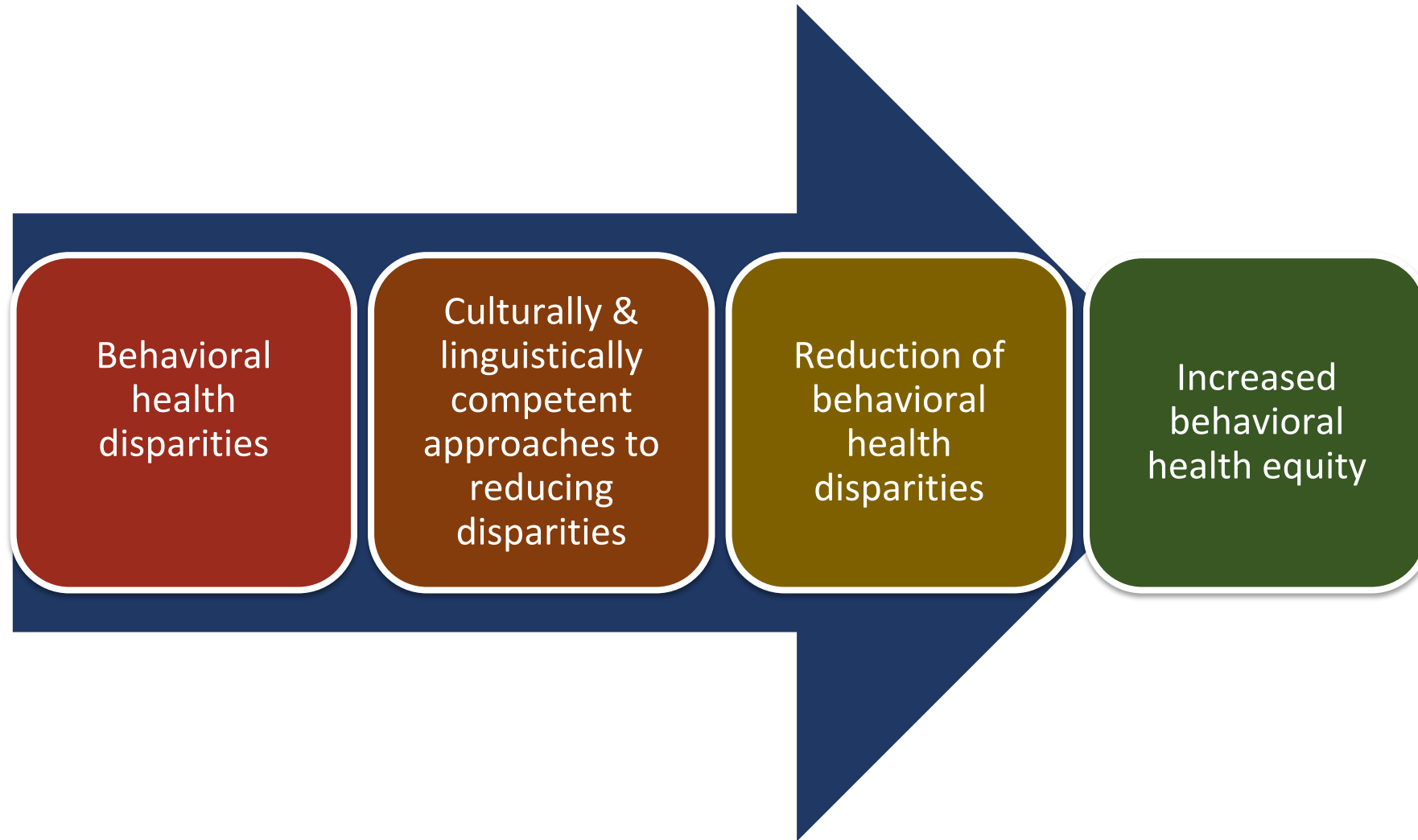
- **Health equity:** Everyone has the opportunity to be as healthy as possible.
- **Health disparity:** Differences in health outcomes and their causes among groups of people
- **Behavioral health disparity:** Systemic difference in substance use or mental health outcomes between segments of the population

CDC, 2019

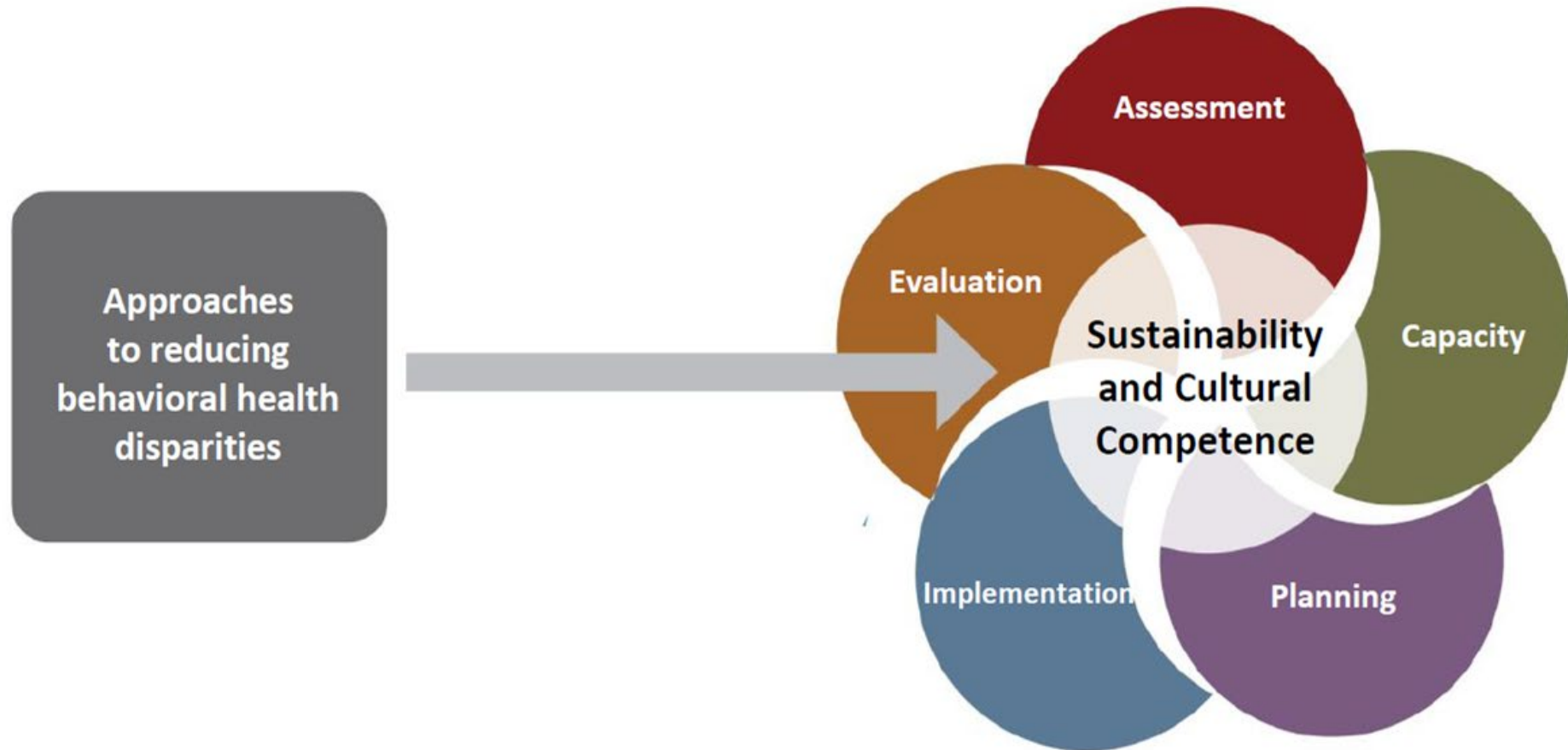
# Factors Affecting Mental Health Services & Systems

- Bias
- Ageism
- Stigma
- Cultural factors
- Age-related stressors
- Lifetime effects of health inequities

# Pathway to Behavioral Health Equity



# Goal: Systems Transformation



# Question

Do you believe you are culturally competent in your practice?







# Cultural Humility

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# **Cultural Humility: What It Isn't**

Focused on group traits;  
Historically focused on racial & ethnic minority  
groups

Static process;  
Defined course or curriculum

Focused on achieving competence or expertise

Yeager & Bauer-  
Wu, 2013

# Cultural Humility: What It Is

Focused on individuals;  
Focused attention given to other aspects/  
components of culture (e.g., gender, class,  
geographic location, country of origin,  
sexual orientation)

Continuous, ongoing process;  
Life-long learning

Focused on achieving flexibility/humility

Yeager & Bauer-  
Wu, 2013

# Cultural Humility: Attributes

Openness

Self-awareness

Egoless(ness)

Supportive interaction

Self-reflection &  
critique

# Cultural Humility: Outcomes

Mutual  
empowerment

Partnerships

Respect

Optimal care

Lifelong learning

# Where Do We Go From Here

## Turning Inward

- Identify/consider aspects of cultural identity, lived experience
- Consider privilege and power structures
- Identify/consider biases and assumptions
- Commit to self-evaluation and self-critique

# Where Do We Go From Here

## Turning **Outward**

- Clinical care integration with initiatives to address structural factors
- Improvements in access to treatment (structural advantages in access)
- Adopt CLAS standards
- Workforce development

# Resources

- PAL Cards - <https://www.preferencebasedliving.com/tip-sheets/using-the-peli-to-advocate-for-person-centered-care/>
- [U.S. Dept HHS Office of Minority Health National Stakeholder Strategy for Achieving Health Equity](#)
- <https://kirwaninstitute.osu.edu/implicit-bias-training>
- <https://implicit.harvard.edu/implicit/takeatest.html>
- <https://www.tolerance.org/professional-development/webinars/intersectionality>



# Vignette - Meet Mr. G

*Mr. G is an 86 year old black male who migrated from a small island in the West Indies to the United States in the late 1960's . He was a police officer in his native country and valued being of service. Mr G's access to education was limited but his ability to absorb information was extraordinary. He faced a lot of adversity in his lifetime, the biggest one being that the color of his skin deterred him from opportunities. More so than being from a foreign country. His determination to overcome that obstacle motivated him.*

*Mr. G was able to move his wife and son to the U.S. He was able to purchase a home in the late 1970's . Working as a state employee for many years, Mr. G retired to take care of his ill wife and became her primary caregiver. His passion in retirement was gardening, bringing his ideologies of cultivating the land. He would grow many herbs and brew natural remedies for pain, colds, stress. His philosophy was “why do you think they call it a medical practice, because they have yet to get it right so they practice on you”.*

*He was meticulous, a man of routine and guarded his ability to be independent like a fortress. Never accepting help or asking for it from anyone. He believed that you become stronger when you figure things out on your own.*

# Vignette - Meet Mr. G

*About 15 years ago Mr. G started to show signs of memory loss. He started to forget his way home, forgot to pay his expenses and misplacing money. His son managed to convince him to see a neurologist who confirmed he had dementia. Mr. G allowed his son to assist with maintaining his finances but only if he wouldn't disclose his diagnosis to anyone, not even his wife.*

*His son kept Mr G's secret all the way until his unfortunate passing in 2014. Impacted by the grief and loss of his son, Mr. G started to deteriorate quickly. He began leaving his home at odd hours of the night, forgetting if he ate or if he showered. He neglected his wife's need for assistance. He got into disputes with other family members and began isolating himself from those he loved. He even lost the ability to take care of his garden.*

*A couple, who moved into the neighborhood recently, noticed Mr. G and his activities/behaviors. Concerned for their family's safety and possible retaliation, they anonymously reported Mr. G to APS.*

***Think about having this additional information, has your approach stayed the same or has it changed?***

# Equity and Aging

- Racial and other disparities increase as one ages, and the impacts can magnify in multiple ways
  - E.g., experiencing racism throughout one's life increases the risk of chronic illness
  - E.g., discriminatory practices in the criminal legal system in <65 years can lead to housing barriers in 65+
  - E.g., gender wage gaps and employment discrimination in <65 evolves into lack of retirement savings and/or Medicare coverage in older women

# Intersectionality

- **Intersectionality** refers to multiple personal identities, including by race, gender identity, sexual orientation, immigration status, national origin, language proficiency, and disability
- A person or community can experience oppression based on intersecting identities

# Intersectionality in the Law

<b><i>DeGraffenreid v. GM</i></b>	<b><i>Payne vs. Travernol</i></b>
Refused to join racial & sexual discrimination claims, arguing that recognizing this intersection of identities would open a “Pandora’s box” of litigants.	Required plaintiffs who wanted to represent <i>all</i> Black employees to only include Black women

# Older Americans Act

- Requirement for “limited program and service resources”—including legal services—be targeted to older adults with the greatest economic or social need
  - APS partners (e.g., legal providers, area agencies on aging (AAAs)) focus on targeting and serving these groups, which affects referrals and case acceptance

# APS Example: At-Risk Older Adults

- Maryland APS law defines a “vulnerable adult” as one who lacks the physical or mental capacity to provide for the adult’s daily needs.
- Contributing factors:
  - Housing
  - Health Care
  - Others

# Elder Abuse

- Individuals with personal or community experiences of racism—e.g., by health care professionals , law enforcement, government programs—may be hesitant to report abuse or accept help
- Elder abuse is often perpetuated by family or people close to the older adult, which can be a barrier in self reporting



# Trauma-Informed Practices

- **Trauma Informed Practices** aim to reduce re-traumatization and recognize the role trauma plays in the advocate-person relationship
  - This includes trauma from racism and other discrimination as well as elder abuse

# Trauma-Informed Practices Cont.

- Trauma-informed practice starts with identifying the trauma, then adjusting the relationship in relation to it
- Read more about [Trauma-Informed Approach for Adult Protective Services](#)

# Cultural Responsiveness

- **Cultural Responsiveness** is the practice of “embracing the principles of equal access and non-discriminatory practices in service delivery”

# Implicit Bias

- **Implicit Bias** are attitudes towards groups of people and stereotypes that affect our reasoning, without our conscious knowledge
  - Identify your implicit biases with [Harvard University's Project Implicit](#)
  - Integrate culturally competent practices: [Cultural Competence](#)

# Person-Centered Services

- **Person Centered Services** focus on the older adults wishes, as opposed to what you might believe is in their best interest
- A person's wishes may be colored by their own experiences, their culture/religion, their relationship to the perpetrator and more
  - E.g., cultural traditions around sharing property or assets as a family or community unit

# Justice in Aging's Strategic Framework

- In 2021, Justice in Aging launched its [Strategic Initiative to Advance Equity](#) designed to address all areas of our programmatic work
  - Leadership & Staffing
  - Partnership & Outreach
  - Research & Analysis
  - Planning & Evaluation
  - Communications
  - Education, Advocacy, & Litigation

<https://justiceinaging.org/wp-content/uploads/2021/03/Advancing-Equity-Framework.pdf>

# Justice in Aging's Equity Toolkit

- JIA's [Advancing Equity in Aging Toolkit](#) contains Trainings/Webinars, tools and issue briefs, and general thought leadership literature around equity for older adults

# Tools

- [Justice in Aging Advancing Equity Toolkit](#)
- [MA Healthy Aging Collaborative Equity Guide](#)
- [NCLER Elder Justice Toolkit](#)
- [Inequity and Older Adults Blog Post](#)



# Vignette - APS Investigates

*APS went to investigate the referral they received. As a procedure, if indicated that the person may be aggressive, it is common to go with law enforcement or with additional workers to ensure the safety of everyone. Mr. G was immediately defensive, and angry when he saw law enforcement and APS at his front door. He demanded the APS worker leave his property saying he didn't need help.*

*The assigned worker saw Mr. G's wife who appeared anxious during the encounter. While Mr. G was yelling, the APS worker also took note of the condition of the home and noticed a picture of a Caribbean island and underneath it said, "Love and Pride". The worker apologized to Mr. G for upsetting him by coming unannounced and asked him if he would mind answering something. Mr. G's agreed. He asked if Mr. G was from the Caribbean. Mr. G answered that he was.*

*The APS worker then engaged Mr. G by discussing the Caribbean and the beauty of the islands. The worker was eventually invited into the home and asked Mr. G if it was okay if the police and other workers could come in as well, Mr. G said yes and stated, "I was a police officer in my country". He spoke about his values of being of service and his pride in family including names. Mr. G's wife felt more at ease to provide context explaining their son passed away and that distant family friends stopped coming around because of Mr. G's temper at times.*

# Vignette - APS Investigates

*The workers assessed that Mr. G's temperament shifted recently; his wife described him as a "gentle giant". The police officers asked her if she was afraid of him . She replied, "No, I am not afraid of him, I am afraid for him. He is not himself".*

*Their deceased son had a daughter who would call and check on them periodically, she was in college. Mr. G's wife gave the APS worker permission to reach out to her to discuss what was going on. The worker called the granddaughter in front of Mr. G and his wife. The worker explained to the granddaughter APS received a referral.*

*The granddaughter was able to rule out any issues with alcohol or drugs that was stated in the referral. She further explained that she knows that they both take medication but wasn't sure what for. She explained she hasn't seen them in a long time because she was finishing school and they always say everything is fine when they speak on the phone.*

*Following the visit, the APS worker was able to implement services, including the client and their granddaughter every step of the way. The APS worker learned more about Mr. G on his visit - what he liked, how he was in his younger days, as well as the implications of dementia. The worker focused on making sure that service delivery aligned with Mr. Gs' values.*

# Questions?

# Contact & Follow Us

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